1. PLAGE OF BIRTH County LLLA	BURKAU UA VITA STANDARD CERTIFI SU		160	224
District oz Townshlp	No 919 N	Village Dune	ld or	W
2. Full name of child	(11 h) th occurre	d in a hospital or institution A	If chill is not	eport, as directo
3. Sex of Child To be appreced ONL In event of plural births.	4. Twin, riplet or other 5. No., in order of birth		7. Date of birth Month 7 Da	30-1931 .
8. PATHER Full name 7	v , .	14. Fult maiden name	MOTHER (
9. Residence (Usual place of abode)	Miami	15. Residence (Usual place of abode)	J/Miami	ung.
If non-resident, give place and state.	trizora.	If non-resident, give p	ace and state.	zona.
10. Color or race	0	16. Color or race		
Mly 11. Age at fa	st birthday 34 (Years)	mex	17. Age at last blethe	y 30 (Year)
12. Birthplace (city or place)	eles	18. Birthplace (city or place	» Colorad	20,
(State or country)	11 cy	(State or country)	em gray.	
13. Occupation Nature of industry Mine (h)	.	19. Occupation Nature of industry	manarila	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(4) 20111 41110 4110 2	ow dead	21. Were precautions ta thaimia neonasorum	ken against op
CEI I hereby certify that I attended the birth o	TIPICATE OF ATTENDING P	HYSIGIAN OR MIDWIFE CALLAGE At a still to the still to		ate above stated
*When there was no attending physicia or midwife, then the father, householder etc., should make this return. A stillbor child is one that neither breathes no shows other evidence of life after birth	: }	on aron	1.01). 10:5	
Given name added from a supplemental report	$^{\prime}$ $^{\prime}$ $^{\prime}$ $^{\prime}$	jami, arı	(Physician or M	d (1(a).
Registre	Filed	~ 4 . 1, 3/ 0	16.6.3	Ro
15-1-838	- 4/9	•	· · · · · · · · · · · · · · · · · · ·	

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